FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 DISCLOSURE (Rev. 07/2004) REPORT For Office Use Only Comm. # ___ Logged In __ Scanned Computer Audited Late reports are subject to possible civil and criminal penalties.

COMMITTEE NAME (Must be same as on Statement of Organization) VICKI ROWLAND for SUPERVISOR IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Candidate Name Political Party (if applicable) VICKI ROWLAND DEMOCRAT Office Sought District (if Senate or House) COUNTY SIGNATURE OF PERSON FILING REPORT 2005 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. I AM FILING A Indicate by # Local Committees, enter Date of Election ☐CHECK IF AMENDMENT TO REPORT DATED _

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)

11-2-04 County & Local Committees, enter County in which Election is held = AYETTE

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$	28,04
ADD TOTAL MONEY TAKEN IN THIS PERIOD	15.00
,	73,00
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL\$	43.04
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	33,60
Schedule F: Loan Repayments total (Attach Schedule F)	9.44
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)\$	0
**UNPAID BILLS (From Schedule D - Attach Schedule D)\$	0
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$	
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	LYES LYNO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	
(modeling contained of personal relied)	CHE	CK T
COMMITTEE NAME (Must be same as on Statement of Organization)	AME	
VICKI ROWLAND FOR SUPERVISOR		

SCHEDULE

A MONETARY
RECEIPTS

CHECK THIS BOX IF
AMENDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1-8-05	ID# CK#	Lois Schuchmann 24649 Pilot Rd. Hawkeye, IA 52147-8021		\$ 1500	
	ID# CK#				
	ID#				
	ID# CK#				
	ID#				
	ID# CK#				
			SUB-TOTAL	\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ____/ of ___/ (for Schedule A)

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

9668	MUAN.	F 1000	G Stati	70813	TOTAL P	2003
100	5 3 M	30,56	C 3/4	BARRIES	5000	10.00
200	150	20.00	B# 8	ar ter	100	1200

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES
_	CK THIS BOX IF NDING FORM

		same as on Statement of Organization)		
Vicki	Rowland	For Supervisor		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/-/-	ID#	Kerndt Bros. Bank	Monthly service bala	nce 21
1/05	- CK#	Clermont, IA	Fee before service	\$ 3.71
106/05	ID# CK# [62]	Ctermont, IA Newspapers of Fayette Co	From the service bala fee before service charge final thank you ad paid by personal eleck	3360
	ID#			
	CK#			
	ID#			
	CK#			
	ID#	**************************************		
	CK#			
, , , , , , , , , , , , , , , , , , ,	ID#			
	СК#			
	ID#			
	СК#			
	ID#			
	CK#			
<u> </u>	•		SUB-TOTAL	\$ 3360
			TOTAL (if last page of this schedule)	

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	1	of	/
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OR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE E	IN KIND
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 06/97)	CONTRIBUTIONS
VICKI ROWLAND FOR SUPERVISOR Reset F	Form AMEN	K THIS BOX IF DING FORM

DATE RECEIVED	NAME AND ADDRESS	RELATIONSHIP TO CANDIDATE	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR FUND-RAISER
(MM/DD/YR)	OF CONTRIBUTOR	* (if applicable)	CONTRIBUTION	VALUE	CONTRIBUTION
1/25/05	VICKI ROWLAND 64 Pine St. IA 52135	5eIf	loan forgiveness	125.56	
1/25/05	((را	forgiveness Thank You Ad Fay. Co. Union	39 ⁶⁰	
		\$ 165 ⁵⁶ \$ 165.			

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column. Page __/___ of ___/ (for Schedule E)

FOR INSTRUC	TIONS, SEE BACK OF FORM					Reset Form	SCHEDULE	
	NAME(Must be same as on Statement of Organiz Rowland for Superviso						(Rev. 07/03)	LOANS RECEIVED & REPAID
	thedule reports money loaned to the committee w	10-00	he committee	accou	unt.		CHECK THE AMENDING	
PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)					PART II - MO (Los	NETARY LOAN REPAYMENTS MADE <u>THIS</u> ans forgiven must be reported on Schedule E	REPORTING PER - In-kind Contribution	IOD ons.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN		DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIF TO CANDIDATE (If Applicable)	
			\$		18/05	VICKI ROWLAND 64 Pine St. CLERMONT, IA 52135	Self	944
						CLERMON 1, IN 5213		
								- ///
	TOTAL (PART I)	\$				TOTAL CASH REPAYMENTS (PAF		11556
					TOTAL O	From Schedule E TOTAL LOANS FORGIVE UTSTANDING LOANS END OF REPORT PE		0
*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.					, 3 , 1, 12	Page_	of	(F)